

EMPLOYEE NAME	
PRINT CLEARLY (Last, First, Middle Initial):	
EMPLOYEE SIGNATURE:	DATE (MM/DD/YYYY):

EMPLOYEE NUMBER				

If you are requesting a deduction for the first time, please contact the Great West Retirement Servicessm Plan Administrator, at **802-229-2391** ***before*** you submit this form. Participation in the plan requires that you complete a Great West Retirement Servicessm Application Form ***in addition*** to this Payroll Deduction Form. The Great West Retirement Servicessm Application Form will inform the Plan Administrator of specific information needed to manage your funds. The Payroll Division will verify that this has occurred prior to starting payroll deductions and will reject Payroll Deduction Forms that do not have a corresponding Great West Retirement Servicessm Application Form on file.

Amount of Bi-Weekly Deduction: \$ _____

Address:	<hr/>			
	(Street)	(City or Town)	(State)	(Zip Code)
Telephone:	<hr/>			
	(Home)	(Office)		

MAIL FORM TO:
Department of Finance & Management
Payroll Division
110 State Street, Drawer 20
Montpelier, VT 05620-3001